E40 AN AUDIT ON THE USE AND RESPONSE TO SECUKINUMAB WITHIN THE BELFAST TRUST

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Background: Secukinumab is a monoclonal antibody binding to interleukin (IL)-17A and is now licensed for the treatment of psoriatic arthritis (PSA) and ankylosing spondylitis (AS). The results from phase three trials were promising and challenged the position of Anti TNF therapy as the established first line agent in PSA and AS. Our aim was to carry out an audit on the use of this biologic agent within the Belfast Trust to clarify what real world results were being achieved for those patients with PSA and AS.
Methods: We audited the notes and electronic records of any patients who had been prescribed secukinumab in Musgrave Park Hospital from its first use up until July 2017. We aimed to record if they had no response, partial or good response. If they did have scores calculated pre and post drug use we aimed to calculate an ASAS or ACR percentage improvement.
Results: There was forty eight patients that were prescribed secukinumab. There were twenty five females and twenty three males. Of these patients, thirty five had PSA and thirteen had a diagnosis of AS with an age range of twenty seven to seventy five years.
All patients had been on a biologic agent prior to secukinumab use, ranging from seven patients failing one Anti-TNF therapy to one patient being on four biologic agents including four anti TNF therapies with apremilast and ustekinumab use. There were eighteen patients who had had three Anti TNF therapies prior to secukinumab use which was the largest group.
Of the forty eight patients there was twenty seven patients who had been on treatment for at least four months and were included in the audit. Overall twenty out of twenty seven patients reported to have responded to treatment at four months, equivalent to seventy four percent. In twelve cases this was recorded as a significant response and eight patients reported a partial response. Of those twenty patients with enough documentation to establish an ASAS/ACR response, three were calculated as having an ACR 70 improvement, all of those being PSA patients. When described diagnosis AS patients had five out of eight responded with three being a significant response and two having a partial response. With PSA fifteen out of nineteen patients responded with nine of those being a significant response and six being a partial response. Only two patients had side effects on treatment at four months including a skin rash and recurrent chest infections.
Conclusion: This audit describes real world outcomes for secukinumab use within the Belfast Trust for PSA and AS patients. The results are promising but ongoing experience and auditing of secukinumab use is required to get a conclusive feel for its effectiveness and side effects profile.
Disclosures: The authors have declared no conflicts of interest.